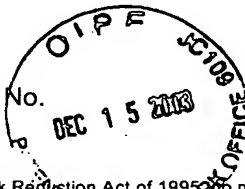


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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐

Declaration
Submitted
with Initial
Filing

OR

☒

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 960296.98750

First Named Inventor Peggy J. Farnham

COMPLETE IF KNOWN

Application Number 10/620,532

Filing Date 07/16/2003

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LIVER TUMOR MARKER SEQUENCES

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

07/16/2003

as United States Application Number or PCT International

Application Number 10/620,532

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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26734

OR ☐

Correspondence address below

Name **Bennett J. Berson**Address **Quarles & Brady LLP**Address **P O Box 2113**City **Madison**State **WI**ZIP **57301-2113**Country **US**Telephone **608/251-5000**Fax **608/251-9166**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :☐

A petition has been filed for this unsigned inventor

Given Name

Peggy J.

(first and middle [if any])

Family Name **Farnham**
or SurnameInventor's
Signature*Peggy J. Farnham*

Date

11/3/03Residence: City **Madison**State **WI**Country **US**Citizenship **US**Mailing Address **2613 Kendall Avenue**

Mailing Address

City **Madison**State **WI**ZIP **53705**Country **US****NAME OF SECOND INVENTOR:**☐

A petition has been filed for this unsigned inventor

Given Name

Carrie R.

(first and middle [if any])

Family Name **Graveel**
or SurnameInventor's
Signature

Date

Residence: City **Grand Rapids**State **MI**Country **US**Citizenship **US**Mailing Address **333 Bostwick NE**

Mailing Address

City **Grand Rapids**State **MI**ZIP **49503**Country **US**☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



Please type a plus sign (+) inside this box → ☐

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Sarah R.		Harkins-Perry	
Inventor's Signature <i>Sarah Harkins Perry</i>		Date <i>11/5/03</i>	
Residence: City	Monona	State	WI
		Country	US
Citizenship US			
Mailing Address 4605 Wallace Avenue			
Mailing Address			
City	Monona	State	WI
		ZIP	53716
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	

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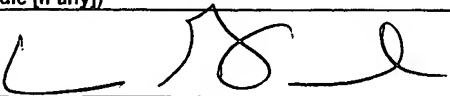
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		26734		OR <input type="checkbox"/> Correspondence address below	
Name Bennett J. Berson					
Address Quarles & Brady LLP					
Address P O Box 2113					
City Madison			State WI		ZIP 57301-2113
Country US		Telephone 608/251-5000		Fax 608/251-9166	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Peggy J. (first and middle (if any))			Family Name Farnham or Surname		
Inventor's Signature					Date
Residence: City Madison		State WI		Country US	Citizenship US
Mailing Address 2613 Kendall Avenue					
Mailing Address					
City Madison		State WI		ZIP 53705	Country US
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Carrie R. (first and middle (if any))			Family Name Graveel or Surname		
Inventor's Signature 					Date 11/5/03
Residence: City Grand Rapids		State MI		Country US	Citizenship US
Mailing Address 333 Bostwick NE					
Mailing Address					
City Grand Rapids		State MI		ZIP 49503	Country US
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Sarah R.		Harkins-Perry	
Inventor's Signature		Date	
Residence: City	Monona	State	WI
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ZIP		Country	

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